

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/26/00</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>6/27/00</i>
FORMALITY REVIEW	<i>M.M.</i>	<i>71620</i>	<i>8-12-00</i>
RESPONSE FORMALITY REVIEW	<i>M.M.</i>	<i>71629</i>	<i>11-29-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	10	9-6-01	
2	11	4-18-02	
3	12	7-24-02	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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